Michigan Department of Agriculture and Rural Development

P.O. BOX 30776 LANSING MI 48909-8276 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov DAIRY HAULER/SAMPLER LICENSE APPLICATION In Accordance with Act 266 of 2001 and Public Act 267 of 2001									
AGRICULTURE & Rural Development New Application No Longer Needed									
STEP 1: ORGANIZATION INFORMATION									
*Ownership Type: Corporation Limited Liability Co. Partnership								p	
Sole Proprietor									
*Ownership Name:									
**Federal Identification #:									
*Email Address:									
*Mailing Address:									Office Use Only
*City:			*State:		*Zip:			1274	
STEP 2: INDIVID	UAL INFO	RMAT	TION						
*Individual Name:									
*Address:									
*City:		*State:		*Zip:		*	*County:		
STEP 3: CONTACT INFORMATION									
*Primary Contact Name:					*Phone:			•	
Email:				Address:					
City:		State:			Zip:				Country:
Additional Contact Name: Phone:									
Email:					Address:				
City:	State:			Zip:				Country:	
STEP 4: LICENSE DETAILS									
*Hauler/Sampler Type (Select One): Dairy Hauler/ Sampler Dairy In-Line Sampler Only									
STEP 5: DAIRY HAULER/SAMPLER FEE - Make check/money orders payable to the State of Michigan									
*Nonrefundable Dairy Hauler/Sampler \$50.00 for a 2 year license period ASC Hot Key (mdard use only): 1274									

By submitting this application and payment I hereby verify and affirm that all information contained in this application is true and accurate.

^{*} Please note that all fields marked with an asterisk (*) are required and must be completed in order to process your license application

^{**} Please note Federal Identification Number is not required for Individual Ownership Types